P Pease type a plus sign (+) in	····	LLC Detect and Too	domos Co. II S. D	+2 h 10/31/20 DEPARTME ays a valid	NT OF COMMERCE ?
CHANGE OF CORRESPONDENCE ADDRESS Application Address to: Assistant Commissioner for Patents Washington, D.C. 20231		Application Number	00	9/69	15,175
		Filing Date	10	10-24-00	
		First Named Inventor		RAY	
		Group Art Unit		265	2
		Examiner Name			
		Attorney Docket Number	er Q	Q00-1042-USI	
Please change the Correcto: Customer Nur OR	mber Type Customer Num	JU mber here Technol	ECEIVED N 2 7 2001 Ogy Center 2600	Numbe Label	Customer er Bar Code here
X Firm <i>or</i> Individual Name	MICHAEL ZARF	RABIAN			
Address	1925 Century	y Park East,	Suite 500		
Address				 	90067
City	Los Angeles	State	CA	ZIP	90007
Country	Los Angeles	s	310-2	26 _ 6 9	97
Telephone	310-226-6886	Fax	310-2	20-00	07
data associated with a Change" (PTO/SB/124) I am the : Applicant/In Assignee of Statement of Attorney or Registered executed o *Authorized Associated	record of the entire interunder 37 CFR 3.73(b) is Agent of record. practitioner named in the ath or declaration. See 3 ociate Represent	e application transmi	O/SB/96). Ital letter in an a	applicati	on without an 9 , 8 8 6
MICH	AEL ZARRABIAN				
Signature		-			
Date 6 - 2	20-01		4-11-4-1	are requir	red. Submit multiple
NOTE: Signatures of all the inve	entors or assignees of record of its required, see below*.	of the entire interest or the	ir representative(s)	are requi	
forms if more than one signature	. 10 10 40 10 10 10 10 10 10 10 10 10 10 10 10 10				